

State of California
Department of Health Services

July 1, 2003

CHDP Provider Information Notice No.: 03-12

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM PROVIDERS

SUBJECT: PEDIARIX™ COMBINATION VACCINE (DTaP, Hepatitis B and IPV)
ADDITION AS A CHDP BENEFIT, REPORTING CODE,
REIMBURSEMENT FOR VACCINE ADMINISTRATION, AND UPDATED
CHDP VACCINE BENEFIT AND REIMBURSEMENT TABLE

The purpose of this Information Notice is to advise you that the new pentavalent combination vaccine, Pediarix™ (DTaP, Hepatitis B and IPV), has been added as a Child Health and Disability Prevention (CHDP) Program benefit.

This Information Notice also provides background information on the vaccine, the new CHDP administration code, and the provider reimbursement rate for vaccine administration. An updated CHDP vaccine benefit and reimbursement table is enclosed that includes the addition of the Pediarix™ vaccine.

Background Information

Pediarix™ is a new pentavalent combination childhood vaccine recommended by the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and recently approved by the Food and Drug Administration (FDA) to protect infants six weeks of age through six years of age against diphtheria, tetanus, pertussis, hepatitis B, and polio. The ACIP also recommended this new vaccine for inclusion in the federal Vaccines for Children (VFC) Program. This means that the VFC Program is supplying it as part of its vaccine/pharmaceutical formulary.



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Pediarix™, manufactured by SmithKline Beecham Biologicals, Rixensart, Belgium, consists of Diphtheria and Tetanus Toxoids and Acellular Pertussis Absorbed (DTaP), Hepatitis B (Recombinant), and Inactivated Poliovirus (IPV) in a combination vaccine that provides the same level of proven protection with fewer injections to similar vaccines traditionally given as separate injections. Vaccinating with Pediarix™ potentially reduces the number of injections a child needs to receive by as many as six.

Pediarix™ is given as a series, with a maximum of three immunizations in the series. The FDA has licenced Pediarix™ as a primary series given to infants two, four, and six months of age, however it is approved for use in infants and children aged six weeks through six years.

The recommended interval between successive Pediarix™ doses is six to eight weeks, however, intervals as short as 28 days are acceptable when rapid acquisition of immunity to one or more of the diseases against which this vaccine protects is desired. Interchangeability of Pediarix™ with other vaccines containing one or more of the same components in an infant or child's immunization series is acceptable.

For further information on the Pediarix™ vaccine, please consult the AAP and ACIP recommendations and the vaccine manufacturers' guidelines. The AAP and ACIP recommendations and policy statements can be accessed on the internet at www.aap.org and www.cdc.gov/mmwr, respectively.

Pediarix™ as a CHDP Program Benefit

Effective April 1, 2003, CHDP will reimburse providers for administration of Pediarix™ to eligible children, birth through six years, 11 months of age. The CHDP vaccine code and provider reimbursement rates are given below.

Pediarix™ is to be administered in accordance with the AAP and ACIP recommendations. The vaccine will be provided at no charge by the VFC Program for CHDP eligible children up to six years 11 months of age. CHDP will reimburse providers for vaccine administration.

<u>CHDP Code</u>	<u>Description</u>	<u>Provider Reimbursement</u>
68	Pediarix™ combination vaccine (DTaP, Hepatitis B and IPV), ages birth through six years, 11 months, Administration fee only	\$9.00

Reminder

All CHDP Program providers actively involved with immunized children must participate in the VFC Program, which provides vaccines at no cost to the provider for eligible children up to eighteen years eleven months. The CHDP Program reimburses only the immunization administration fee for VFC covered vaccines.

Billing Instructions

Please use the following instructions for billing for this immunization. Refer to the CHDP Provider Manual (June 2003) for additional information.

- Enter the CHDP Code number and Pediarix™ on a blank line, under the immunization section of the PM 160 Confidential Screening/Billing Report.
- Enter a check mark in only one of the Immunization Outcome Columns (A or B) of the PM 160, as appropriate.
- Enter the administration fee in the Fees Column (Note: fees do not apply on the "Information Only" PM 160).
- If you have already administered Pediarix™ after April 1, 2003, and prior to this notice, you are entitled to reimbursement for the administration of this vaccine. Please submit a PM 160 for the \$9.00 administration fee if you have not been previously reimbursed for the vaccine by any source.

CHDP Vaccine Benefits and Reimbursement Table: Addition of Pediarix™

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed, that is effective as of April 1, 2003. It includes the Pediarix™ vaccine.

Your continuing participation in the CHDP Program is greatly appreciated. If you have any questions about CHDP vaccine benefits or other CHDP issues, please contact your local CHDP Program office.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

CHDP VACCINE TABLE
Codes and Rates

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
DTaP	45	Vaccines For Children (VFC)	2 months thru 6 years, 11 months	\$ 9.00	
DT Pediatric	59	Purchased	2 months thru 6 years, 11 months	\$ 10.93	
Td Adult	60	Purchased	7 years thru 20 years, 11 months	\$ 10.93	
Hepatitis A	65	VFC (Pediatric)	2 years thru 18 years, 11 months	\$ 9.00	
	66	Purchased (Adult)	19 years thru 20 years, 11 months	\$ 65.48	
HBIG ²	41 + 57	Purchased	Birth thru 20 years, 11 months	\$ 168.12	Reason for administration
Hepatitis B/Hib Combination	56	VFC	2 months thru 4 years, 11 months	\$ 9.00	
Hepatitis B Lower Dose (Pediatric/ Adolescent)	40	VFC	Birth thru 18 years, 11 months	\$ 9.00	
Hepatitis B Higher Dose (Adult)	42	VFC	11 years thru 15 years, 11 months ³	\$ 9.00	(Use this code for 2 dose adolescent schedule)
Hepatitis B	51	Purchased	19 years thru 20 years, 11 months	\$ 38.17	
Hib	38	VFC	2 months thru 18 years, 11 months	\$ 9.00	High risk factor, if older than 5 years
	63	Purchased	19 years thru 20 years, 11 months	\$ 16.82	High risk factor
Influenza	53	VFC	6 months thru 18 years, 11 months	\$ 9.00	High risk factor
	54	Purchased	6 months thru 20 years, 11 months	\$ 13.76	High risk factor
MMR	33	VFC	12 months thru 18 years, 11 months	\$ 9.00	
	48	Purchased	19 years thru 20 years, 11 months	\$ 38.27	
Measles ⁴	34	Purchased	12 months thru 20 years, 11 months ⁵	\$ 21.29	Reason for administration
Pediarix	68	VFC	2 months thru 6 years, 11 months	\$ 9.00	
Polio – Inactivated	39	VFC	2 months thru 18 years, 11 months	\$ 9.00	
	64	Purchased	19 years thru 20 years, 11 months	\$ 29.84	High risk factor
Pneumococcal Polysaccharide (23PS)	55	Purchased	2 years thru 20 years, 11 months	\$ 20.74	High risk factor
Pneumococcal, heptavalent (Prevnar)	67	VFC	1 month thru 4 years, 11 months	\$ 9.00	
Rubella ⁶	36	Purchased	12 months thru 20 years, 11 months	\$ 24.50	Reason for administration
Varicella	46	VFC	12 months thru 18 years, 11 months	\$ 9.00	
	52	Purchased	19 years thru 20 years, 11 months ⁷	\$ 48.94	Includes those born before 1/1/83, not VFC high risk

CHDP VACCINE TABLE
Codes and Rates

1. Total reimbursement, includes administration fee.
2. Only for infants with HBsAg (+) mothers and for children exposed to known/suspected HBsAg (+) blood/tissue fluids.
3. Adolescent two dose immunization schedule, currently approved for ages 11 years through 15 years, 11 months.
4. For individuals with a contraindication to rubella or mumps vaccine.
5. Measles vaccine (or, if not available, MMR) is recommended in children as young as 6 months, in outbreak situations.
6. For individuals with a contraindication to measles or mumps vaccine.
7. Youth with date of birth before 1/1/83 must be in close contact with persons at high risk of complications from varicella.

Revised June 2003